演　講

Ming-Qing Medicine and the Construction of Gender**

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I have been working on the topic of the history of medicine and gender in China for about ten years now. My first attempt to interpret it was in the article published in *Journal of Asian Studies* in 1987: "Pregnancy, Childbirth and Infancy in Qing Dynasty China."① Now, six years later, as I put the book draft together, I can see my ideas and interpretations have changed. So to give you an "overview" I would like to take the article as a starting point. I am going to talk about three topics. In each case, I will point out how I am revising my earlier thinking and interpretations.

Topic one: change through time. The 1987 article used Qing popular works on childbirth as its major source. Most of them were from the

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① Charlotte Furth. 1987. "Pregnancy, Childbirth and Infancy in Qing Dynasty China." *Journal of Asian Studies* 46.1: 7–35.

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eighteenth century. Some of the most important ones were by literati authors, and others had prefaces which showed gentry sponsorship. ② At the time I had no way of telling how these texts related to earlier periods: Ming and early Qing or before. Were the concepts and practices found here old and long standing, or was I dealing with eighteenth-century medical reform as male doctors and gentry fathers began to be more involved in reproductive health issues than before?

Topic two: the nature of gender difference in medicine. In my earlier study I had been impressed with the medical stereotypes that "in women blood is the primary aspect" and "the illnesses of women are ten times more difficult to cure than those of men." I was influenced by research on genteel European and American women of 18th and 19th centuries as the "sickly sex." Had I in fact found an upper class Chinese construction of female gender very like that of the "sick woman of the upper classes" in Victorian England and U.S.? Was this in fact right? Many feminists have argued that our modern Western constructions of gender difference have been shaped by belief that the biological differences between the sexes are profound. These scholars speak of a medical discourse implying a kind of biological determinism influencing the construction of gender around "two bodies"–two types of body, essentially different from one another. ③ In my Chinese sources are people thinking about one body or two?

Topic three: the nature of medical influence on society and culture. Medical theory and the concepts informing practice must be understood as a system of power intertwined with culture. They must "construct subjectivity." My original article did not raise this question, or rather it

② "Ji zhai jushi 亟齋居士" , *Da Sheng bian* 達生編, first published 1715; Huang Tizhai 黃惕齋, *Taichan jiyao* 胎產集要, first published 1781; Chen Hu'an 陳笏庵, *Taichan mi shu* 胎產秘書, first published 1795.

③ See especially Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud.* Harvard University Press 1990.

assumed that the nature of medical authority was obvious. Again, I think I was influenced by an unconscious comparison with the role of medicine as a cosmopolitan science in the nineteenth and twentieth centuries. Might it be wrong to assume that Qing dynasty doctors commanded a culturally and socially powerful learning like a bio-science? If so, how should we understand the significance of medicine for the construction of culture, and specifically of gender consciousness?

I. Change Over Time

The issue of change over time involved first of all learning more about how high Qing practice related to medical classics of the Han through Tang which were taken as canonical source of all later medical knowledge. I have found that of the earliest medical classics only the *Jin gui gao lue* 金匱要略 of Zhang Zhongjing 張仲景 (Eastern Han) offers even a cursory account of reproductive disorder ("the thirty-six disorders of women"), while his therapies concentrated upon materia medica (*ben cao* 本草) for pregnancy and especially for post partum. No real "medicine for women" (*fu ke* 婦科) as a separate discourse including a gynecology can be found in foundational texts like the *Yellow Emperor's Inner Canon* (*Huangdi neijing* 黃帝內經) or the *Discourse on Febrile Disorders* (*Shanghan lun* 傷寒論).

Mainland scholars today talk about the primacy of obstetrics (*chan ke* 產科) in the Tang dynasty . But only one work, a ninth century book of drug prescriptions, ④ survived into the late imperial era, and this was as a bibliographic rarity. Not only did this "obstetrics" fail to form the

④ Zan Yin 昝殷, *Chanyu* 產幼. Original preface 897.

basis of a continuous tradition known down to Ming-Qing times, but its very nature was obscured. For I believe that medieval Chinese obstetrics was primarily ritual, and that medicines–*yao* 藥 and *fang*方 –were less important. Surviving fragments of lost Tang texts of *chan ke* suggest to me that doctors understood fertility and the factors determining the sex of the unborn child as controlled by ritual and cosmological forces. Birth, like death, had to be separated from ordinary living space, and safe childbirth was a matter of not offending the gods. The earliest version of post partum seclusion (*zuo yue* 坐月) was a period of ritual isolation where people were expected to use a divinatory calendar to monitor a woman's activities from onset of labor until she had discharged the afterbirth and could ritually bury the child's placenta. This "month" was separate from the physician- prescribed 100 days of rest for the mother's own health. All of these practices marked birth as extremely polluting. Doctors knew about birth rituals and spoke favorably of them but the famous Tang dynasty medical writers like Sun Simiao 孫思邈 (581-682) did not teach them, instead confining their *fu ke* to herbal prescriptions for pregnancy and post partum.

What we would call erotic experience was discussed as an aspect of medicine in medieval texts called "bedchamber manuals" (*fang shu* 房書). ⑤ These bedchamber arts (*fang shu* 房術) stressed health and longevity for males at the expense of females. In these texts women and men both have sexual "essences" (*jing* 精), i.e., women's essence is like male semen. The generative capacities of both sexes are identified with their sexual fluids, which are basically similar. However, the role of women is to serve men, while the goal of bedchamber arts for men is not pleasure but health and longevity, and perhaps immortality. Long

⑤ The best surviving record of these is in the 10th century *Ixinpo* 醫心方 compiled in Japan by Tamba Yasuyori 丹波康賴 (982–984AD).

before the Ming and Qing dynasties, "bedchamber manuals" had been banished from literate medicine, surviving in late imperial times as a semi-underground transgressive practice condemned by orthodox physicians as immoral and damaging to health.

The Song dynasty, then, formed a watershed in medicine between these earlier constructions and those conventionally accepted in the late imperial period. It was in the Northern Song dynasty that *fu ke* became an officially recognized division of imperial medicine, along with pediatrics. This happened as part of the reorganization of court medicine around a formal academic curriculum and around medical ranks and offices modeled on those of the civil service. This Song court medicine also initiated the new efforts which continued on into the Yuan to refine medical theory, and to classify drugs in the huge materia medica. It was an age of systemization of medical theory and of codification of classics: "manifestation type" (*bian zheng* 辨證) diagnostics allowed doctors to group symptoms into broad disease groups using the "eight rubrics" (*ba gang* 八綱). All of this helped healers match illness symptoms and drugs, so that prescribing became a more subtle art; the repertory of materia medica expanded greatly and prescribing compound drug therapies became the most important skill in a physician. Other types of therapies: acupuncture and moxibustian, exercise, massage etc., gradually declined in importance.

Song dynasty *fu ke*, elaborated by court physicians responsible for medical education and the health of palace women, established important paradigms of theory and practice. First, the idea takes hold that "in women blood is the leading aspect." This saying came to function as a general principal defining female difference. The first text where I have found this dictum is in the imperial encyclopedia of pharmacy published in the tenth century, *Taiping shenghui fang* 太平聖惠方. ⑥ As a fundamental

⑥ Wang Huaiyin 王懷隱, et. al., *Taiping shenghui fang* 太平聖惠方, compiled 978–992

principal informing therapy its influence shows in prescription formulas throughout Song *ben cao.*

Second, gynecology proper is developed, in the sense of a repertory of disorders presumed to manifest themselves differently in males and females. *Fu ke* sections of works on pharmacy discuss "different prescriptions" for a wide variety of "miscellaneous disorders" (*zhong bing* 眾病). A woman with one of these "miscellaneous disorders" was neither pregnant nor post partum, nor was menstrual disfunction or infertility her primary complaint. Rather, she suffered from a disorder assumed to involve sexual function and to require different therapies in women from those needed by men. For example, women had their own forms of "wind attacks" (*zhong feng* 中風) marked by the sudden loss of consciousness of a stroke, or sudden loss of feeling or motion as in paralysis, or by crippling arthritic or other pains. Women were considered particularly susceptible to "blood wind" (*xue feng* 血風), where "wind attacks" were associated with rapidly moving pain identified with deranged blood. The broad category of "depletion exhaustion" complaints (*xu lao* 虛勞)– chronic wasting disorders including "bone steaming," (*gu zheng* 骨蒸) a life threatening manifestation identified by many today with turberculosis– were gendered because they were assumed to be related to sexual function. *Fu ke* also identified separate female forms of "accumulations" (*ji jia* 積瘕)– types of herniations, swellings and tumorous masses in lower abdomen. *Jiao qi* 腳氣, today thought to be beriberi, and even some "cold damage" (*shang han* 傷寒) fevers, the major category of acute infectious disease, were also thought to require "different prescriptions" when women were the sufferers. A proper Song dynasty work of *fu ke*, or the *fu ke* section of a work on pharmacology, would include a discussion of all of these categories.

AD.

Song dynasty physicians put increased emphasis upon menstruation as an index of a woman's overall health. They used yin/yang categories to elaborate types of menstrual disorder, and placed their discussion of menstruation in the first chapter of their works. Nosology–i.e., the number of separate syndromes a physician might identify–expanded. Menstrual function was represented both as key to health and of course fertility, and menstrual disfunction became the first sign of potentially serious disorder.

Song *chan ke* embraced a mix of practical obstetrics with modified and simplified versions of older birth rituals. This combination is found in the most famous summation of Song *fu ke*, *Complete Good Prescriptions for Women* (*Furen da quan liang fang* 婦人大全良方) by the thirteenth-century specialist Chen Ziming 陳自明. ⑦ Other surviving texts from the Southern Song include similar short manuals by practicing physicians and at least one by a literati household head, written to educate gentry mothers. On the one hand all this constitutes evidence of learned medicine's involvement with practical obstetrics. Male specialists are giving advice about how to prepare for birth, difficult labor, the mother's diet, rest, and lactation. The most technically sophisticated of these texts, Yang Ziqian's 楊子建 "Ten Topics on Birth" (*shi chan lun* 十產論) concentrates on labor and delivery and must have been the work of someone with first hand experience of parturition. It forms the centerpiece of the section on birth in Chen Ziming.

On the other hand, the same medical texts are also incorporating advice on how to understand and manage birth rituals. This also suggests increased involvement of learned medicine in birth. However, the evidence is contradictory, for was a Song physician, Kou Zongshi 寇宗奭, who first wrote a complaint that women were difficult to treat because the male

⑦ Chen Ziming 陳自明, *Furen da quan liang fang* 婦人大全良方. Original preface dated 1237.

doctor was not allowed contact with them. Chen Ziming quotes Kou's text too in his book.

All of this suggests that the main outlines of *fu ke* theory that I found in Qing texts were first formulated in the Song. Song authors were the first to discuss a true gynecology– health and disease in women as systematically different from these things in men–and to relate their images of the female condition to stereotypes about female weakness. We can look at this departure as a development internal to medicine itself: *fu ke* developed alongside of pediatrics as an aspect of the new theories in the setting of the court's institutionalization of medicine. But we also need to look at external factors: the elaboration of notions of female difference in medicine occured in the society which developed footbinding and the neo-Confucian codes of chastity–customs which also inscribed female bodies as different in heightened ways. And the increased concern with reproductive health of women may be related to new gentry family strategies for success through the rearing of talented sons, changing understandings of motherhood as well.

In the Ming and Qing dynasties the basic medical system of *fu ke* outlined here was continued. However there are also differences between Song *fu ke* and the eighteenth–century medical understandings I wrote about in my article in 1987. First by late Ming birth rituals had disappeared from all learned and most popular medical texts, including the standard Ming edition of Chen Ziming, edited by Xue Ji 薛己. (It was this edited version of Chen, rather than the Song original, which was the most available reprint). ⑧ The main exception was the instructions on the ritual burial of placenta–the last remnant of the old system. Second, the scope of what I have called Song "gynecology" gradually shrank; by

⑧ Chen Ziming 陳自明 (Xue Ji, editor and commentator), *Jiaozhu furen liang fang* 校註婦人良方. Originally published 1547.

the late Ming, only "depletion exhaustion" and "accumulations" survived as major *fu ke* categories; the most authoritative medical authors no longer spoke of "blood wind", *shang han* fevers or *zhong feng* attacks, or even *qiao qi* as gendered disorders. Concerning how the sex of the child is formed, most important medical writers no longer taught the old ritual "fetal education" (*tai jiao* 胎教)- wherein the child's sex as well as it's talent, beauty and fortune, could be influenced by the mother's behavior in lst three months of pregnancy. Such beliefs were now called superstition. Instead the most popular view-in the late Ming authorities Wu Zhiwang 武之望,⑨ Lin Shizhen 林之瀚 and many others-was that sex was determined at conception by the relative balance of yin-yang forces on the moment. Note that the older ritual view stressed external influences of the spirit world, environment and cosmos; the post Song view looked more to inner workings of the partners' bodies, both male and female. Though both views implied the possibility of blaming girl babies on male failure to control the female, Ming- Qing doctors argued that males should recognize their own responsibility as well.

Nonetheless, it is unwise to conclude too quickly that this is a story of progress, rather than one of change or disjuncture. The old rituals had taught that birth was polluting, and that women could be held responsible for the sex of the unborn child, as well as for its health and survival. Women's reproductive role was moralised around observing the taboos. Did these beliefs in female pollution disappear? What we find in the later period is discussion of the mother's role in the formation of "fetal poison" (*tai du* 胎毒) as a category of pediatric disease which is inherited from the fetal state. Fetal poison was deemed responsible for serious neonatal illness, and above all for the fact that in Ming and Qing China almost all

⑨ Wu Zhiwang 武之望, *Ji yin gangmu* 濟陰綱目. First published 1626.

children caught smallpox and many died. In Qian Yi 錢乙, ⑩ the Song pediatrician who first wrote extensively about smallpox, fetal poison came from the child's contact with dirty maternal blood during pregnancy. In mid and late Ming fetal poison was reinterpreted as a residue from the fire of sexual desire generated at conception by both coital partners. It is discussed in pediatric literature, in medical books on smallpox and in *fu ke* texts on fertility and pregnancy. In this form, the theory of fetal poison medicalized beliefs about pollution of female blood. It was also part of an increasingly straitlaced medical discourse about sexual morality. Wives, but also husbands, had a responsibility to control desires in interests of their children's wellbeing as well as their own health.

Late Ming and Qing doctors disapproved of the "bedchamber arts" of the old *fang shu*, which had been dropped from the medical literature even before the Northern Song. These were now identified with licentiousness, or with the excesses of religious external alchemy (identified in this period with Daoism). Female blood, rather than female sexual fluid (essence) was the approved bodily sign of female generative power. Medical teachings about sexuality, fertility, health and longevity were offered in works about "nourishing life" (*yang sheng* 養生), many of which also discussed diet and other daily routines. This was a relatively new Ming-Qing genre of medical writing. Here the creed was sexual restraint and self control. *Yang sheng* texts were written for male readers; they talked about fertility and longevity for men, and about fertility for women. Women were profoundly disadvantaged in this discourse, but it understood sexuality in similar terms for men and women. Sex was not just *for* reproduction, sex *was* the manipulation, control and deployment of reproductive energy. The disadvantages women experienced must be understood in the textual silence which gave women no power to control any aspect of this except

⑩ Qian Yi 錢乙, *Xiao erh yao zheng zhen jue* 小兒藥證真訣. Original preface 1107.

desire. What *yang sheng* had to offer women was hope of health to maintain high fertility. Male generative power, on the other hand, was a resource that could also benefit the longevity of the individual.

Finally, Ming-Qing texts, including those I used in my original article, contain much evidence of the restrictions imposed on medical practice by sex segregation. In this period, the midwife and other female healers are informal rivals of doctors. In retreating from the woman's bedchamber, doctors had abandoned practical as well as ritual obstetrics. Medicine does not appear to get involved in practical obstetrics again until the 18th century. Therefore, the data I looked at in my 1987 article, eighteenth-century popular manuals on childbirth promoted by gentry as well as professional physicians, does turn out to be the product of medical reformism. In sum, the article discussed a kind of medical paternalism and male gentry involvement in women's reproductive health that I now think was indeed specific to the high Qing, perhaps directly related to the eighteenth century surge in population described by demographers.

II. Gender Difference in Medicine: One Body or Two? Or······?

When I wrote my original article, I assumed that *fu ke* did interpret male and female bodies as profoundly different–two types of human. Later I began to accumulate evidence for the view that male and female bodies were in fact seen as basically alike, or homologous (that is,the differences are merely mirrors of one another, like left and right). As I pursued these issues, I found arguments for sameness in classical theory in three areas: (1) the account of basic body organization in the *Huangdi neijing*

and the *Pulse Classic* (*Mai jing* 脈經); (2) in the application of yin/yang categories to the body; and (3) in the art of prescription. As we take these up in turn, we find ourselves moving from sameness to difference by an alternative route.

The *Huangdi neijing* and other classical accounts of the body (embodied self) organizes energy along the twelve cardinal tracts or pulse pathways (*jinglo* 經絡/*jingmai* 經脈). These are the same in both sexes. Reproductive qi is governed by two of the additional "singular tracts" (*qi jing* 奇經). These are "singular" in that they are not binary in left-right pairs, and that they regulate interior energy flow–that is, they do not involve exchange between inside and outside the body. The singular ventral "conception tract" (*ren mai* 任脈) and its counterpart dorsal "superintendent tract" (*du mai* 督脈) move energy up and down from the genital area to the head and the back. They govern the circulation of reproductive qi in both sexes. They are also the pathways used to nourish vitality in *qi gong* 氣功 and to create the "immortal embryo" (*jin dan* 金丹) in internal alchemy (*nei dan* 內丹). So one version of this body implies that in a sense males also may give birth.

When we move to the five yin organs (*cang* 藏) and the six yang organs (*fu* 腑) or visceral systems of function, the kidney system (*shen* 腎) is the center of sexual function for both sexes. Both males and females have a "vital gate" (*ming men* 命門), and "cinnebar field" (*dan tian* 丹田) below the navel. These concentrate primordial aspects of reproductive vitality (*yuan qi* 元氣)–deeper than external genitals in men or womb in woman. Womb (*bao* 胞) is nowhere a synedoche for "woman." All of this shows Chinese medicine's traditional preference for function over anatomy, and its fundamental concern with types of energy.

Similarly, in talking of growth and development the *Huangdi neijing* represents puberty as the same process in both sexes except for timing (it

is two years later in males). Puberty (*tian gui* 天癸) is the development of the ability to procreate. The changes in appearance that are noted in the literature have to do with teeth and hair–these are important because they are presumed to be linked to kidney function. What moderns think of as secondary sex characteristics distinguishing the sexes after puberty are not marked as significant.

We do not find any discussion of difference here until we get to pulses. Pulses (*mai* 脈) measure the flow of energy along the tracts. Traditional pulse theory was very elaborate. Doctors were expected to identify 18 to 27 different types of pulse, using three positions on each arm/wrist, and feeling at three different levels of pressure. The *Mai jing* taught that the pulses of men and women will normally be different from one another. Even though the pulses of individual men and individual women were not expected always to be different, a strongly "male" type of pulse in a woman was considered a pathological sign and vice versa. Based on this precept, a good doctor was expected to be able to tell the sex of his client from pulse alone. Still, the famous tale of a Han dynasty physician who correctly identified an artfully concealed homosexual "favorite" indicates that the system was supposed to accommodate gender ambiguity. Nonetheless, the gendering of pulse was not a merely theoretical issue in Ming Qing times, since a proper upper class woman was supposed to be hidden behind bed curtains except for her hand and arm. It was considered improper for the doctor to see more of her body than this, or to speak to her face to face. Thus "pulsetaking" (*qie* 切) had special practical significance in a system of diagnosis where, as doctors frequently noted, the other three of the standard four methods of diagnosis– "looking" (*wang* 望), "listening" (*wen* 聞) and "asking" (*wen* 問) –were off limits. ⑪

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⑪ See especially Lin Zhihan 林之瀚, *Si zhen juewei* 四診抉微. First published 1723.

A final aspect of the classical medical body to be considered is yin and yang–which were basic concepts for organizing body processes and locations and for understanding types of disorder. In the microcosm of the body, the relationship of yin to yang could be understood both as hierarchical and as complementary. The first type of relationship–complementary opposites–organizes temporal process and defines change as transformation from one pole to another. In the movement from night to day or from summer to winter yin and yang forces are matched evenly in power, and the rise of one is balanced by the decline of the other. The second type of relationship orders hierarchies along a grid of high/low, and here change is a matter of encompassment–embrace of the lower into the higher. This principal is at work when we note that a woman is yang to her child and yin to her husband.

In the first sense, both sexes have yin tracts and yang tracts. The twelve cardinal tracts form symmetrical right/left yin/yang pairs in all bodies, the "eight rubrics" of diagnosis– yin/yang, inner/outer, cooling/heating, depletion/repletion– identify yin/yang types of condition in all illness; yin and yang pulses, yin and yang energy flows of blood and qi all operate as processes governed by the principle of equal and complementary opposites. At the same time, we find the second sense at work when we consider the location of other yin/yang foci in the body and think of the pathological changes of an illness. Yin functions are generally lower down, hidden, and deeper, while yang functions take place in body's upper regions, and involve exchanges with outside. Thus *fu* organ systems are yang and *cang* organ systems are yin. The kidney system (*shen* 腎), identified with sex and reproduction, is the most yin of the *cang* organ systems. Thus sex and reproduction are yin for both men and women, their primordial vitality encompassed and absorbed by the higher yang centers of the embodied self.

From another point of view the pathological changes of illness also illustrate yin and yang in dynamic hierarchical relationship. As an illness becomes grave, it moves from exterior to interior, ever lower and deeper; when it reaches the kidney system it is life-threatening. As the body fails, yin overcomes and encompasses yang, and like sex, death is yin for both men and women.

Finally, the relationship between the body and gender can be explored through the medical art of prescription. In my original article I paid a lot of attention to the medical proverb which originated with Sun Simiao: "for women there are different prescriptions" [from those appropriate for men]. I did not investigate the medical saying, which also goes back to the Tang dynasty and Song, that outside of pregnancy, childbirth and post-partum illness, the therapeutic requirements of men and women are the same. Here the issue is: *when* should women's prescriptions be different? And how different? Any answer is complicated by the fact that good doctors were expected to adjust any prescription to the characteristics of patient as individual and illness as a singular event subject to dynamic change. The nature of medical nosology itself makes it difficult to speak of any taxonomically distinct "disease", like a kind of tree with a standard form, rather than of a cluster of symptoms specific to an individual case generalizable under a few broad patterns, like a kind of forest. Doctors' prescriptions were meant to be finetuned to the individual, whose gender was one of a variety of factors bearing on the case as a unique event. Within these perameters, the gynecology of the Song dynasty recommended "different prescriptions" for a wide variety of types of internal disorders, but not all disorders. The prescriptions in *fu ke* chapters were indeed "different" from those in the ungendered sections of Song pharmacopeas. The question of whether prescriptions should be different in case of *shang han* fevers–what we would call infectious fevers–was debated. In addition,

Song era *fu ke* developed a repertory of formulas believed to act primarily on blood, and to be mild in nature, and therefore to be especially suitable for women. Doctors debated whether these were always appropriate, or whether indeed it was important sometimes to effect a cure by prescribing to act primarily on qi. Chen Ziming's mild, blood-oriented formulas for general use in females like "four ingredients infusion" (*si wu tang* 四物湯) continued to be standard in Ming-Qing. In Qing case histories ⑫ I have found objections to "heroic" doses for women. Ginseng is an example. It was considered in 17th century to be a life saving drug but also dangerously yang–a potent booster of qi (*bu qi* 補氣). I have even found two cases where doctor and male family members conspired to give a woman ginseng secretly over her objections.

Finally, everyone is familiar with the novel *Hong lou meng* 紅樓夢, and so knows the story where the hero Baoyu 寶玉 rejects a doctor's remedy for his maid Xiren 襲人; he says the doctor is prescribing as if she were male. The doctor is using the old fashioned approach to *shang han*, and including "bitter orange" (*zhishi* 枳實) and "ephedra" (*mahuang* 麻黃). These act powerfully on qi to purge and sweat, i.e., they will attack a delicate girls's yin fluids. In all these cases the remedy is considered too strong for the female constitution. On other hand, the anecdote about Baoyu also shows all formulas are a matter of degree. He notes that bitter orange and ephedra were also too strong for himself–and this is one of the ways that the author points up Baoyu's "feminine" qualities as an individual.

I think the conclusion here is that in all three of these arenas, the

⑫ See my "Gender, Class and Kinship in Qing Dynasty Medical Cases" (unpublished paper), featuring the following collections: Fang Lue 方略, *Xiangyutang yian* 尙有堂醫案, first published 1846; Zheng Chongguan 鄭重光, *Supu yian* 素圃醫案, original preface 1707; Cheng Maoxian 程茂先, *Cheng Maoxian yian* 程茂先醫案, original preface 1602.

exploration of the gendered body moves from sameness to difference. The difference is not absolute, but relative. It is revealed in a calculation of probabilities. Males and females are neither essentially different nor absolutely the same. In basic body organization, drawn from the early medical classics, differences may be homologous and complementary, like complementary yin–yang pairs; or they may be hierarchical and encompassing, with the negative potential to link female gender, grave illness and death. These relationships will manifest themselves qualitatively in the art of diagnosis by pulse and in the art of prescribing. But difference is significant in what moderns would call a statistical sense. The answer would seem to be that there is not one ungendered body or two gendered ones, but many. This would seem to lead to the conclusion that medical discourse on the body always took gender into account but rarely absolutized it. Gender appears as a relatively flexible category.

III. Culture and Power in the Social Relations of Healing

The third issue I am reconsidering is how the practice of medicine contributed to a cultural nexus of power constructing female subjectivity. On the one hand my earlier view that medicine was a site of an ideology of unquestioned female subordination has not been changed by the foregoing revisions of the theory of bodily differences underlying medical thought. Although the flexibility of the gendered body in the foregoing theory, if left at that, would leave much about the "difficulty" of curing women unexplained, in fact the doctors' difficulties involved more than taking care to provide "different prescriptions" as an accommodation to common

patterns of female weakness. From Sun Simiao down to the authors of the high Qing, there is a common complaint. Women are difficult to cure and their diseases are deep–rooted because they are prone to negative emotions which they cannot control. Some late imperial doctors related these emotions to the social restrictions under which women lived–yin lives are narrow, and women cannot fulfil their desires. But they thought that male/female social roles were also part of a natural order of things. In other words, doctors thought of negative emotions in contradictory ways: both as moral defects which self cultivation might cure and naturalized as aspects of women's inevitable social and cosmological place as yin persons of "the inner chambers." They implied that the moral proof of male superiority lay in a superior male capacity for emotional and sexual self control. In fact here, as in other systems of sex segregation, the successful exercise of masculine self control was thought to require the social control of women; this control then provided the proof that male superiority was a fact.

My case histories show the sexual politics at work behind this discourse on emotions and difficulty. These doctors in practice commented on sexual indulgence as a factor in illness when their patients were male, not when they were female. With female patients they were more likely to observe negative emotion and to report conflict in the doctor patient relationship. In addition, in practical diagnosis, doctors usually tried to say whether an illness situation was a yin or a yang type. The same situation of imbalance could be represented by labeling it either yang excess or yin deficiency. I studied the diagnostic categories used by three Qing era doctors in their collected case histories–400 plus cases in all. These doctors were more likely to label an illness a yin disorder when the illness was grave, the sick person low in status, and/or when the patient was female. It appears as a social pattern in these cases that women were reported as prone

to negative emotion more often than men were, and that women and poor people were usually sicker before the doctors were called to the bedside. Thus there was a pattern of convergence between the social and the symbolic interpretation of their condition. The difficulty of curing women, seen as a natural aspect of their yin natures, deconstructs into difficulties in the gendered social relations of curing.

On the other hand, the issue of a cultural nexus of power constructing gender subordination requires me to consider more than the stereotypes which express the "common sense" informing social practice. I also need to look at the specific role of medicine as a site of power in Qing society. This involves both the status of doctors as experts and the authority commanded by their knowledge. The case histories I studied showed these ordinary doctors' interactions with their patients and their patients' families. The doctors turn out to be middle ranking viz a viz most of the families they visit. To the gentry, their most important clients, such doctors were service providers. They were hired, fired, and frequently criticized. Their real life practices show them under the shadow of the gentry convention identifying the doctor as a failed literatus, or even mocked by the satirical literary stereotype of the medical quack (*yong yi* 庸醫). Their reputations depended upon the approval of their most prestigious clients.

To the extent that their knowledge was based on medical classics, it was respected. But medical texts were accessible, and doctors had to share knowledge and therefore the power knowledge confers. They also had to cope with the fact that they were asked to treat serious disease, where the failure rate was high. The quack doctor is a figure of fun in literature and drama, but doctors themselves also engaged in similar polemics and constantly criticized one another's failures.

We can see doctors at work trying to mystify their knowledge–to give

it power by making it esoteric. One way was via pulse diagnosis: an aspect of practice which laypeople could not easily learn. Doctors claimed pulse diagnosis was the subtlest of their skills, but they couldn't always deliver results, and some Qing era physicians criticized their fellow practioners for disregarding other aspects of diagnosis. Another way to win a reputation was via miracle cures: local gazettes show that many gained fame through stories of this kind of feat. But in Qing China this was a risky strategy, linking literate medicine with superstition and magic. Third, some doctors were sought out for their "secret prescriptions" (*mi fang* 密方), handed down in families. These also gained fame for some, and were relatively safe, but were they moral? In Qing society there was substantial criticism of practitioners who safeguarded their livelihoods by such means, and in the seventeenth century and afterwards a contrary movement spread to show public spirit by publishing such "secrets." In other words, healers' strategies to increase the authority of their knowledge had only limited success.

All this means that medicine as a specialized form of knowledge/practice was not the powerful system of "bioknowledge" that scholars like Foucault talk of in the context of eighteenth to twentieth century Europe. In China the authority of medicine depended upon its being part of an orthodoxy/orthopraxy common in society at large. If medicine counted in constructing culture and gender ideology it is because consumers of medical services shared a common language and cosmology with doctors, did not feel socially distant from them, and had a great deal of latitude concerning their own treatment. It is in this interactive sense that medicine contributed to the construction of culture and gender.

Further, it is important to recognize that a limitation of the evidence presented here is the absence of womens' voices. We know little more than the names of a few Ming Qing gentry women who were learned in

medicine, often as a result of being born or married into medical families. Our images of the dominant female practitioner, the midwife, come largely from fiction and drama or belles lettres where they are filtered through male prejudice. Thus we are left with a dominant discourse based on a community of literate men, albeit one dependent upon a less visible community practice encompassing women and common people as well. It exposes very little of female participation in an interactive system, and it does no more than hint of alternative constructions of medicine, health and healing among groups of women themselves. Our claims for the social power of medicine to make constructions of gender offered here normative or dominant must therefore be all the more modest.

Final Questions

I have some final thoughts provoked by the fact that my study of Chinese medicine and gender presents a discourse that theorizes gender around reproduction. That gender differences are rooted in a bodily nature whose aim is the production of offspring is a kind of traditional "common sense" which has been vigorously and effectively challenged by the very feminist theory which informs many of the questions I have been asking in my research. For that very reason, however, it is instructive for a North American scholar to look at such a "traditional" perspective in the comparatively unfamiliar idiom of Chinese experience. Let me try and sum up not what late imperial Chinese medicine literally said about the gendered body, but what it implied. I find the following: first, sexual function is reproductive; it is not just that sex is *for* reproduction. In sexual/reproductive acts males and females manage similar generative powers identified with primordial qi. These are embodied in blood/qi and

materialized in blood/semen. Sex is not a set of anatomical features which one "has," but a range of functional capacities which act through the body, and over which the individual has only limited control. Nonetheless, such capacities may be managed by attention to health, and may be deployed for the self, i.e. for health and longevity, for posterity, through children, or they may be wasted in dissipation. Therefore this energy is a finite resource to be husbanded, for its deployment governs both procreation and growth/decay. All of this overshadows pleasure as the "meaning" assigned to the body's sexual functions. Finally, in this reproductive economy males with care are able to serve both self and family, to produce heirs and also hope for longevity. Females are the ones whose reproductive capacities must serve the family and the lineage at sacrifice to themselves.

Speaking as a foreign scholar of Chinese history, I am aware that such a way of looking at sex and reproduction may seem strange to Americans today. But I suspect a good deal of it would not have surprised our own colonial ancestors who were contemporary with the Chinese studied here. It contrasts sharply with our North Atlantic late–twentieth–century theorizing of sex and gender around erotic desire, constructing a biologically-based "sexuality" as an identity, a psychological attribute of personality, and separating that sexuality from reproduction. But this should not lead to a Orientalizing contrast of East and West. Rather it should raise questions about what is in fact "natural" in our own as well as other cultures' understandings of gender and the body.